



Title:	Moonlighting of Residents	Index Number:	FM-GMEC-005		
Scope of application:	All Graduate Medical Education (GME) Programs	Original Date:	Reviewed on:	Next Review Date:	
		17.11.2005	15.01.2024	15.01.2027	

1. Background

American University of Beirut (AUB) is committed to meaningful and enriching educational experiences for its residents. This includes assurance that these residents work no more than an appropriate number of hours to assure meaningful education, personal health and safety for patients. The Accreditation Council for Graduate Medical Education-International (ACGME-I) has established rules governing the performance of moonlighting activities by residents enrolled in ACGME-I approved programs. AUB is committed to compliance with these rules for all of its training programs (whether ACGME-I accredited or not). Also, AUB has adopted some additional AUB-specific requirements for approved moonlighting. AUB's policies, which address both the ACGME-I and AUB requirements, are included in this policy.

2. Additional Definitions

- 2.1. "Resident" means a physician who is enrolled in an AUB Training Program for a clinical specialty or a physician who is enrolled in an AUB Training Program for a clinical subspecialty, i.e., a clinical fellow.
- 2.2. "American University of Beirut Training Program" means a specialty or subspecialty graduate training program at AUB, which may be either an Accredited AUB Training Program or a Non-Accredited AUB Training Program.
- 2.3. "Accredited AUB Training Program" refers to an AUB Training Program that is accredited by the ACGME-I.
- 2.4. "Moonlighting" means professional and patient care activities that are external to the resident's AUB Training Program.
- 2.5. "Internal Moonlighting" is activity which takes place at the AUB Medical Center or at the resident's educational program's Participating Institution(s).
- 2.6. "Participating Institution" means an institution to which residents rotate in the resident's AUB Training Program.



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2.7. “External moonlighting” is moonlighting that is not internal, as defined above.

(For example, for a resident in the AUB Internal Medicine Residency Program,) Makassed General Hospital is a Participating Institution and moonlighting there would be considered internal).

3. **Applicability**

This policy applies to moonlighting of residents who are enrolled in all AUB Training Programs (Accredited and Non-Accredited).

4. **Conditions and Requirements**

- 4.1. No resident may be required, as a condition of his or her AUB Training Program, to perform moonlighting activities.
- 4.2. Residents may moonlight, but only after filing a Moonlighting Request Form¹ and receiving the prior written/signed approval of his/her Training Program Director, Assistant Dean for Graduate Medical Education/DIO and Chairperson/Division Chief/Medical Director in the Department/Division/Hospital/Facility where moonlighting will take place. Approved Moonlighting Request Forms are to be made a part of the resident's file.
- 4.3. Internal and external moonlighting are not permitted in the specialty/subspecialty that is the subject of the resident's current AUB Training Program unless the Assistant Dean for Graduate Medical Education/DIO grants a specific exception in a case where the moonlighting activities are not central to the resident's training program.
- 4.4. No resident may moonlight without the resident first having obtained an unrestricted Lebanese license to practice medicine in Lebanon.
- 4.5. The number of hours worked by a resident in internal moonlighting activities, together with the hours worked in the AUB Training Program, may not exceed the ACGME-I guidelines for work hours for the resident's specialty/subspecialty. The Program Director for the resident must approve and monitor the number of hours that the resident may engage in internal moonlighting activities per week.

¹ Please see Attachment A for the Moonlighting Request Form to be completed by the resident and approved by the resident's Training Program Director, Assistant Dean for Graduate Medical Education/DIO and Chairperson /Division Chief/Medical Director in the Department/Division/Hospital/Facility where moonlighting will take place.



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- 4.6. Moonlighting activities, whether internal or external, are prohibited if they are inconsistent with the principles of providing residents with sufficient time for rest and restoration to promote the resident's educational experience and safe patient care. Therefore, the Program Director shall monitor the effect of moonlighting activities on resident performance. The Program Director or the Assistant Dean for Graduate Medical Education/DIO may withdraw permission for moonlighting activities at any time if they determine, in their sole discretion, that the moonlighting activity is having an adverse effect upon the resident's participation in the educational program in which he/she is enrolled.
- 4.7. Residents performing approved moonlighting activities at the AUB Medical Center will be covered under AUB Professional Liability Insurance. However, residents performing approved moonlighting activities at any hospital/facility other than AUB Medical Center will not be covered under AUB Professional Liability Insurance. A resident who intends to engage in moonlighting activities at hospitals/facilities other than the AUB Medical Center must ensure that he/she will be covered by professional liability insurance at the location at which the moonlighting activities take place.

NOTE: EVEN THOUGH MOONLIGHTING HOURS AT A PARTICIPATING INSTITUTION COUNT TOWARD COMPLIANCE WITH THE ACGME-I WORK HOURS GUIDELINES (SEE PARAGRAPH **4.5** ABOVE), THE RESIDENT IS NOT COVERED BY AUB'S PROFESSIONAL LIABILITY INSURANCE FOR MOONLIGHTING ACTIVITIES UNLESS THAT INSTITUTION IS THE AMERICAN UNIVERSITY OF BEIRUT MEDICAL CENTER.

- 4.8. AUB Training Programs may adopt policies governing residents in that program which are stricter than the conditions and requirements of this policy.

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5. Signatures

Reviewed and Approved by	Name	Signature	Date
Assistant Dean for Graduate Medical Education (GME) & Chair of Graduate Medical Education Committee (GMEC)	Salah Zeineldine, MD		05.02.2024
Executive Associate Dean for Medical Education	Kamal Badr, MD		05.02.2024



Attachment A

MOONLIGHTING REQUEST FORM

NAME: _____

APPOINTMENT: _____

TRAINING PROGRAM DIRECTOR: _____

NAME OF MY SPECIALTY OR SUBSPECIALTY PROGRAM:

1. I am considering the following moonlighting activity:

2. I wish to perform these activities at:

3. The proposed moonlighting schedule is as follows:

4. The following is my residency/rotation schedule and actual hours worked for the past 30 days:

5. I understand that the total number of hours to be worked in my internal moonlighting activities, together with the hours worked in my training program may not exceed the ACGME-I guidelines for work hours. I understand that my Training Program Director must approve the specific number of hours that I may engage in internal moonlighting activities per week. Internal means moonlighting activities which take place at The AUB Medical Center or at the resident's educational program's Participating Institution(s).

6. I understand that my Program Director will monitor my performance for the effect of moonlighting activities on my performance in my training program. I understand that the Program Director or the Assistant Dean for Graduate Medical Education/DIO may withdraw permission for moonlighting activities at any time if they determine, in their sole



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discretion, that the moonlighting activity is having an adverse effect upon my educational program.

7. I understand that I may not engage in internal or external moonlighting activities in the specialty/subspecialty that is the subject of my AUB Training Program.

8. The chairperson/division chief/medical director in the department / division / hospital / facility where I wish to moonlight is:

9. I understand that the person listed in Paragraph 8 above must sign this Moonlighting Request Form before I may submit it for consideration by my Training Program Director and the Assistant Dean for Graduate Medical Education/DIO.

10. I have obtained an unrestricted license to practice medicine in Lebanon

11. I recognize that this activity is not an approved part of my educational program and must be approved by my Program Director and the Assistant Dean for Graduate Medical Education/DIO.

12. I understand that I will be covered under AUB professional liability insurance policy for moonlighting activities at The AUB Medical Center. I understand that even though my moonlighting activities at my educational program's participating institutions count toward compliance with duty hours rule limitation, I am not covered by AUB professional liability insurance for moonlighting activities at those institutions other than the AUB Medical Center. I understand that I am responsible for obtaining my own professional liability insurance for moonlighting activities at institutions other than the AUB Medical Center.

Signature of Resident

Date



APPROVAL OF REQUEST TO PERFORM MOONLIGHTING ACTIVITIES

This approval covers the above described moonlighting activity for the period:

From _____ To _____

Signature of Program Director

Date

Signature of Assistant Dean for Graduate
Medical Education/DIO

Date

Signature of Chairperson/Division Chief/Medical
Director
in the Department/Division/Hospital/Facility
where moonlighting will take place

Date

Return to the Graduate Medical Education Office for the signature of the Assistant Dean for Medical Education. Fully executed copies will be returned to the Program Director and Resident.